# Auburn University

*EYEMED Eye Care Highlight Sheet*

Ameritas

## EYEMED Plan Summary

**Effective Date: 1/1/2027**

| | EyeMed Insight Network | Out of Network |
|---|---|---|
| **Deductibles** | $10 Exam<br>$20 Eye Glass Lenses | No deductible |
| **Annual Eye Exam** | Covered in full | Up to $35 |
| **Lenses (per pair)** | | |
| **Single Vision** | Covered in full | Up to $25 |
| **Bifocal** | Covered in full | Up to $40 |
| **Trifocal** | Covered in full | Up to $55 |
| **Lenticular** | Covered in full | No benefit |
| **Progressive** | See lens options | NA |
| **Contacts** | | |
| **Fit & Follow Up Exams** | | |
| **Standard** | Standard: Member cost up to $40 | No benefit |
| **Premium (Allowance)** | Premium: 10% off of retail | No benefit |
| **Elective** | Up to $180 | Up to $144 |
| **Medically Necessary** | Covered in full | Up to $200 |
| **Frame Allowance** | $180 | Up to $90 |
| **Frequencies (months)** | | |
| **Exam/Lens/Frame** | 12/12/24<br>Based on date of service | 12/12/24<br>Based on date of service |

**Lens Options (member cost)**

| | EyeMed Insight Network | Out of Network |
|---|---|---|
| **Progressive Lenses** | | |
| **Standard** | $65 + lens deductible | No benefit |
| **Premium** | | |
| **Tier 1** | $85 + lens deductible | No benefit |
| **Tier 2** | $95 + lens deductible | No benefit |
| **Tier 3** | $110 + lens deductible | No benefit |
| **Tier 4** | $65 plus 80% of charge less $120 allowance | No benefit |
| **Std. Polycarbonate** | $40 | No benefit |
| **Tint (solid and gradient)** | $15 | No benefit |
| **Scratch Resistant Coating** | $15 | No benefit |
| **Anti-Reflective Coating** | | |
| **Standard** | $45 | No benefit |
| **Premium** | | |
| **Tier 1** | $57 | No benefit |
| **Tier 2** | $68 | No benefit |
| **Tier 3** | 80% of the charge | No benefit |
| **Ultraviolet Coating** | $15 | No benefit |
| **Plastic Photochromatic/Transition** | $75 | No benefit |
| **Lasik or PRK** | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | No benefit |

**EyeMed Customer Care Center: (866) 289-0614**

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## Additional ViewPointe® H Features

| | |
|---|---|
| **EyeMed In-Network Discounts** | 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses. |
| **EyeMed In-Network Secondary Purchase Plan** | Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only. |
| **Contact Lens Replacement by Mail Program** | After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit **www.eyemedvisioncare.com** for details. |

*Based on applicable laws, reduced costs may vary by doctor location.*

## Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 7 a.m. to 10 p.m. CST Monday through Saturday, 10 a.m. to 7 p.m. CST Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: ameritas.com
View plan benefit information at: eyemedvisioncare.com

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**